DEPARTMENT OF HEALTH AND FAMILY SERVICES

REPORT PERIOD (Check one of the following)

Division of Public Health DPH 44013 (03/02)

STATE OF WISCONSIN

Bureau of Occupational Health HFS 163, Wis. Adm. Code

LEAD-BASED PAINT (LBP) INVESTIGATION SUMMARY REPORT

This form is due no later than the end of the month following the report period. Check the appropriate box and fill in requested information in designated area. Return completed form to the address listed at the bottom of page 2 of this form.

January-M	arch Apri	I-June	July-September	October-Dece	ember		
COMPANY II	NFORMATION						
Company Nar							
Company's De	epartment of Health and Fa	mily Services Lead Certi	fication Number (DHF	S Lead Cert. No.)			
Contact Perso	n for Report		Telephone No.				
			()			
	NVESTIGATION	<u> </u>			1		
Date	Location of Property			Type of Activity (List each	LBP or Lead		
Conducted	(street or fire address	s)* Investigator	DHFS Lead	activity separately.)	Hazard detected?		
			Certification No.	Lond from incompation	Vac		
				Lead-free inspection Lead-safe investigation	Yes No		
				Partial Inspection	INO		
				Full Inspection			
				Hazard screen			
				Risk assessment			
				EBL (optional)**			
				Clearance			
				Lead-free inspection	Yes		
				Lead-safe investigation	No		
				Partial Inspection			
				Full Inspection			
				Hazard screen			
				Risk assessment			
				EBL (optional)** Clearance			
				Lead-free inspection	Yes		
				Lead-safe investigation	No		
				Partial Inspection	140		
				Full Inspection			
				Hazard screen			
				Risk assessment			
				EBL (optional)**			
				Clearance			
				Lead-free inspection	Yes		
				Lead-safe investigation	No		
				Partial Inspection			
				Full Inspection			
				Hazard screen			
				Risk assessment EBL (optional)**			
				Clearance			
				Lead-free inspection	Yes		
				Lead-safe investigation	No		
				Partial Inspection	110		
				Full Inspection			
				Hazard screen			
				Risk assessment			
				EBL (optional)**			
				Clearance			

Company Name

Company's Department of Health and Family Services Lead Certification Number (DHFS Lead Cert. No.)

Date Conducted	Location of Property (street or fire address)*	Primary Lead Investigator	Investigator's DHFS Lead	Type of Activity (List each activity separately.)	LBP or Lead Hazard detected?
			Certification No.	Lead-free inspection	Yes
				Lead-safe investigation	No
				Partial Inspection	
				Full Inspection	
				Hazard screen	
				Risk assessment	
				EBL (optional)**	
				Clearance	.,
				Lead-free inspection	Yes
				Lead-safe investigation	No
				Partial Inspection Full Inspection	
				Hazard screen	
				Risk assessment	
				EBL (optional)**	
				Clearance	
				Lead-free inspection	Yes
				Lead-safe investigation	No
				Partial Inspection	
				Full Inspection	
				Hazard screen	
				Risk assessment	
				EBL (optional)**	
				Clearance	
				Lead-free inspection	Yes
				Lead-safe investigation	No
				Partial Inspection	
				Full Inspection	
				Hazard screen Risk assessment	
				EBL (optional)**	
				Clearance	
				Lead-free inspection	Yes
				Lead-safe investigation	No
				Partial Inspection	
				Full Inspection	
				Hazard screen	
				Risk assessment	
				EBL (optional)**	
				Clearance	

*Under HFS 163, Wis. Adm. Code, revised effective March 1, 2002, any lead company with a Certified Lead Sampling Technician, Hazard Investigator, Inspector or Risk Assessor on staff must file a quarterly report, even though no regulated activity was performed. The report now must identify the property location by street or fire code address.

**EBL or Elevated Blood Levels

If you have questions please call (608) 261-6876. If faxing, please send it to (608) 266-9711. If mailing, use the Mailing Address listed below. Applications may be hand delivered to the Street Address.

Return completed application to:

Mailing Address

Department of Health and Family Services Asbestos and Lead Section, Rm 137 P.O. Box 2659 Madison WI 53701-2659 Street Address

Department of Health and Family Services
Asbestos and Lead Section
One West Wilson Street, Room 137
Madison WI 53703